

ector's Signa.

Chalem

Employee signatures on this time sheet certify the employee has performed the work associated with the account(s) listed.

Time Log/Program / Area: 2048-- Boston Drug Lab

Week Ending: January 29, 2011

Employee Name:		Sunday 01/23/11		Monday 01/24/11		Tuesday 01/25/11		Wednesday 01/26/11		Thursday 01/27/11		Friday 01/28/11		Saturday 01/29/11	
brett,Kate Employee Signature	Day: In - Out			7:15	3:15	8:15	3:15								
	Lunch: Out - In			12:00	12:30	12:00	12:30								
	Outside Duty: From - To														
Document exceptions or comments, indicate type and count.						1W Vacay ✓		SIC 7.5 ✓	SIC 7.5 ✓	WACA 7.5 ✓					
jardins, Stacey Employee Signature	Day: In - Out			8:35	4:35	8:30	4:30	9:15	2:45						
	Lunch: Out - In			12:00	12:30	12:00	12:30	—	—						
	Outside Duty: From - To														
Document exceptions or comments, indicate type and count.								2.0 SIC ✓ PER 7.5 ✓							
okhan, Annie Employee Signature	Day: In - Out			6:45	3:00	6:45	4:00	6:45	2:45	6:45	3:45	6:45	4:55		
	Lunch: Out - In			12:00	12:30	12:00	12:30			12:00	12:30	12:00	12:30		
	Outside Duty: From - To							1:45	3:00			8:30	11:45		
Document exceptions or comments, indicate type and count.				OT 1.25 ✓		Malice Dismiss		OT 1.0		OT 1.0		Middlesex Sup ✓			
asca,Daniela Employee Signature	Day: In - Out			6:45	4:45	6:45	3:00	6:45	2:45						
	Lunch: Out - In			1:00	1:30	1:00	1:30	1:30	2:00						
	Outside Duty: From - To														
Document exceptions or comments, indicate type and count.				OT 2hrly ✓		Brighton Court 12:00 - 3:00		SIC 7.5 hr. ✓		Middlesex Sup ✓					

Employee's Signature:

C. Halemi

Time Log/Program / Area: 2048- Boston Drug Lab

Employee signatures on this time sheet certify the employee has performed the work associated with the account(s) listed.

Week Ending: January 29, 2011

Employee Name:		Sunday 01/23/11	Monday 01/24/11	Tuesday 01/25/11	Wednesday 01/26/11	Thursday 01/27/11	Friday 01/28/11	Saturday 01/29/11
Zier, Lisa 61000 <i>Lisa Zier</i>	Day: In - Out		6:45 2:45	6:55 2:55	6:45 2:45	7:00 2:45	6:45 2:45	
	Lunch: Out - In		12:00	12:30	12:00	12:30	12:00	
	Outside Duty: From - To							
Document exceptions or comments, indicate type and count.								
Miller, Michael 161000 <i>Mike Miller</i>	Day: In - Out		8:30 8:00	8:40 7:45	6:00 7:45		8:15 8:25	7:00 5:30
	Lunch: Out - In		1:20 1:50	2:15 2:45			1:45 2:15	3:00 2:00
	Outside Duty: From - To							
Document exceptions or comments, indicate type and count.								
Edina, Nicole 161000 <i>PLS</i>	Day: In - Out							
	Lunch: Out - In							
	Outside Duty: From - To							
Document exceptions or comments, indicate type and count.								
Brien, Elisabeth 161000 <i>Elisabeth Brien</i>	Day: In - Out		7:30 4:35	8:00 12:00	7:35 3:05		7:40 2:40	
	Lunch: Out - In		11:30 12:00	-	11:30 12:00		11:30 12:00	
	Outside Duty: From - To							
Document exceptions or comments, indicate type and count.								

ector's Signature:

C Palermo

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Time Log/Program / Area: 2048-Boston Drug Lab

Week Ending: January 29, 2011

Employee Name:		Sunday 01/23/11		Monday 01/24/11		Tuesday 01/25/11		Wednesday 01/26/11		Thursday 01/27/11		Friday 01/28/11		Saturday 01/29/11	
Sips, Gloria 61000 <i>Gloria Phillips</i> Employee Signature	Day: In - Out							8:30	4:30						
	Lunch: Out - In							12:00	12:30						
	Outside Duty: From - To														
Document exceptions or comments, indicate type and count.		VAC 7.5 ✓ CMT 7.5 ✓		645 745 ✓ 645 745 ✓ 645 600 ✓		645 600 ✓ CMT 7.5 ✓ CMT 7.5 ✓		645 645 650 530		12 1230 12 1230 12 1230		12 1230 130 200			
D. Peter 61000 <i>B. D. P.</i> Employee Signature	Day: In - Out														
	Lunch: Out - In														
	Outside Duty: From - To														
Document exceptions or comments, indicate type and count.		OT 5.0 ✓ OT 5.0 ✓ OT 4.0 ✓ CHT 7.5 ✓ OT 4.0 ✓ OT 10.0 ✓		650 450 650 250 730 330		730 330		1200 1230 1200 1230 1200 1230		1200 1230					
Kaczkowski, Daniel 61000 <i>D. Kaczkowski</i> Employee Signature	Day: In - Out														
	Lunch: Out - In														
	Outside Duty: From - To														
Document exceptions or comments, indicate type and count.		OT 3.0 hr ✓ CMT 7.5 ✓		920 515 930 145 530 910 510 945 515 910 510		1130 1200 100 130 100 130 100 130 100 130		100 130 100 130							
Fague, Shirley 61000 <i>S. Fague</i> Employee Signature	Day: In - Out														
	Lunch: Out - In														
	Outside Duty: From - To														
Document exceptions or comments, indicate type and count.		145 233 ✓ 1.0 hr ✓ 1/2 VAC ✓													

Director's Signature:

C. Salem

Time Log/Program / Area: 2048-- Boston Drug Lab

Employee signatures on this time sheet certify the employee has performed the work associated with the account(s) listed.

Week Ending: January 29, 2011

Employee Name:		Sunday 01/23/11	Monday 01/24/11	Tuesday 01/25/11	Wednesday 01/26/11	Thursday 01/27/11	Friday 01/28/11	Saturday 01/29/11
In, Zhi 161000	Day: In - Out							
	Lunch: Out - In							
	Outside Duty: From - To							
Employee Signature <i>PLS</i>								
Document exceptions or comments, indicate type and count.		VAC 75 ✓	VAC 75 ✓	VAC 75 ✓	VAC 75 ✓	VAC 75 ✓		
an, Mai 161000	Day: In - Out	845	245		9'	12 ³⁰	930	2
	Lunch: Out - In							
	Outside Duty: From - To							
Employee Signature <i>M. Hall</i>								
Document exceptions or comments, indicate type and count.					2.5 sick 02-App ✓	2.25 VAC ✓		
anolli, Janice 61000	Day: In - Out	805	945	10-414	810	414	1630	4-815
	Lunch: Out - In	1-	130	1-130	1-	130	1-130	1-130
	Outside Duty: From - To							
Employee Signature <i>Ranolli</i>								
Document exceptions or comments, indicate type and count.				2.0 SIC ✓			2.5 PERS ✓	
Folk_OIG_PRR_002787	Day: In - Out							
	Lunch: Out - In							
	Outside Duty: From - To							
Employee Signature								
Document exceptions or comments, indicate type and count.								

William A. Hinton State Laboratory Institute

OVERTIME REQUEST FORM

This form is to be used to request and approve overtime, whether paid through an overtime rate or through comp time. The supervisor must anticipate and request overtime approval **prior** to the beginning of overtime work. The supervisor will keep the completed copy of the form and include it with the pay period's regular time and attendance records.

Name of Employee: Listed Below Employee #: Listed Below

Department: Drug Laboratory

Date(s) of overtime work: January 24 - January 28, 2011

of hours requested: Listed Below

Why work cannot be completed during regular hours: Significant Backlog of Samples

Overtime is to be: paid at OT rate _____ added to comp time balance _____
(if OT rate, complete below)

OT Account: 4516-1000

Approval:

Supervisor: C. Halenius Date: 1/27/11

Department Head: Julie Hanif Date: 1/27/11

Denial reason: _____

Name	Employee ID#	Overtime earned	Name	Employee ID #	Overtime earned
Annie Dookhan	275153	3.25			
Daniela Frosca	341343	2.0			
Michael Lewicki	120459	16.5			
Pete Piro	138624	24.0			
Daniel Penzakowski	2917673	2.0			